DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION		FORM APPROVE	
TRANSMITTAL AND NOTICE OF APPROVAL O STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 1 1 - 06 3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT (MEDICAID)	OMB NO. 0938-019 2. STATE: Michigan OF THE SOCIAL	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE July 1, 2011		
☐ NEW STATE PLAN ☐ AMENDMENT T	O BE CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A	MENDMENT (Separate Transmittal for each amen	dment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 11 \$ -0-	7. FEDERAL BUDGET IMPACT:	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED I	PI AN SECTION	
Attachment 4.19-A, Pages 4-5, 6, 7, 8, 8a, 9, 10, 14, 15, 16, 17, 18 and Attachment 4.19-A, Appendix A, Pages 1-27 29	OR ATTACHMENT (If Applicable): Attachment 4.19-A, Pages 4-5, 6, 7, 8, 8a 17, 18 and Attachment 4.19-A, Appendix A	9 10 14 15 16	
10. SUBJECT OF AMENDMENT:			
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	○ OTHER, AS SPECIFIED: Stephen Fitton, Director AL Medical Services Administration		
Xtephen Fitton	16. RETURN TO:		
Stephen Fitton	Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor		
Director Medical Services Administration	400 South Pine		
15. DATE SUBMITTED:	ansing, Michigan 48933		
Cambrack - 00 0044	ttn: Loni Hackney		
	OFFICE USE ONLY 8 DATE APPROVED;		
	DEC 20 21		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	ONE COPY ATTACHED		
<u> </u>	O. SIGNATURE OF REGIONAL OFFICIAL:		
TENNY I hompson	DEPUTY DIRECTOR CW	ics	
23. REMARKS: Pend int Change to	block #8		